

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 720482 (9)
1. Corporation Name
TAMARAC BY-THE-GULF, INC.



Principal Place of Business 9099 141ST ST N SEMINOLE FL 34646-33776	Mailing Address 9099 141ST ST N SEMINOLE FL 34646-33776
---	---

3. Date Incorporated or Qualified 03/12/1971		
4. FEI Number 23-7044325	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BECKER & POLIAKOFF, P.A.
5999 CENTRAL AVE., SUITE 104
ST PETERSBURG FL 33710**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBARON, DORIS	1.2 NAME
STREET ADDRESS	14071 90TH PLACE N	1.3 STREET ADDRESS
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATH, HENRY	2.2 NAME
STREET ADDRESS	14026 90TH AVE N	2.3 STREET ADDRESS
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, DAVID	3.2 NAME
STREET ADDRESS	14070 90TH AVE N	3.3 STREET ADDRESS
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP
TITLE	CS <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, TERRY	4.2 NAME
STREET ADDRESS	9295 140TH WAY N	4.3 STREET ADDRESS
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE, WILLIAM	5.2 NAME
STREET ADDRESS	9097 140TH WAY N	5.3 STREET ADDRESS
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOGEL, MARYANN	6.2 NAME
STREET ADDRESS	14057 94TH PLACE	6.3 STREET ADDRESS
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP

Recording Secretary
SASAKI, Barbara
14167 90th Ave N
Seminole FL 33776

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Doris F. LeBaron* **DORIS F. LEBARON** 2/11/98 (813) 595-9208

CR2E037 (10/97)